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Bib Data Sheet

CONFIRMATION NO. 1617

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|--|---|-----------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/018,469 | FILING DATE 02/04/2002 RULE | CLASS 435 | GROUP ART UNIT 1651 | ATTORNEY DOCKET NO. 111504 | |
| APPLICANTS Patrick Alexandre, Gray, FRANCE; Pierre Brunet, Lardy, FRANCE; Brigitte Cagnon, Ballancourt, FRANCE; Claude Mikler, Dijon, FRANCE; | | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/FR00/01848 06/30/2000 <i>yes KOL</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** FRANCE 99/09255 07/16/1999 <i>yes KOL</i> | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>KOL</i> Verified and Acknowledged <i>KOL</i> Examiner's Signature Initials | | STATE OR COUNTRY FRANCE | SHEETS DRAWING 1 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 1 |
| ADDRESS Oliff & Berridge PO Box 19928 Alexandria ,VA 22320 | | | | | |
| TITLE Needleless syringe operating with an impact wave generator through a wall | | | | | |
| FILING FEE RECEIVED 1020 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |